CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.	Charge Presented To: ☐ FEPA ☒ EEOC	Agency(ies) Charge No(s): 433-2020-00545

null	and EEOC
State or local Agency, if any	

Name *(indicate Mr., Ms., Mrs.)* **MS. BRANDI L PLUMMER**	Home Phone **(910) 813-1239**	Year of Birth

Street Address	City, State and ZIP Code
2595 CULBRETH ROAD, FAYETTEVILLE, NC 28312	

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (*If more than two, list under PARTICULARS below.*)

Name **CUMBERLAND COUNTY SCHOOLS (R. MAX ABBOTT MIDDLE SCHOOL)**	No. Employees, Members **501+**	Phone No. **(910) 678-2300**

Street Address	City, State and ZIP Code
2465 GILLESPIE STREET, 509 WINDING CREEK RD., FAYETTEVILLE, NC 28305, FAYETTEVILLE, NC 28306	

Name	No. Employees, Members	Phone No.

Street Address	City, State and ZIP Code

DISCRIMINATION BASED ON *(Check appropriate box(es).)* ☐ RACE ☐ COLOR ☐ SEX ☐ RELIGION ☐ NATIONAL ORIGIN ☐ RETALIATION ☐ AGE ☒ DISABILITY ☐ GENETIC INFORMATION ☐ OTHER *(Specify)*	DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest **10-15-2019 11-08-2019** ☒ CONTINUING ACTION

THE PARTICULARS ARE *(If additional paper is needed, attach extra sheet(s)):*

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.	NOTARY – *When necessary for State and Local Agency Requirements*
I declare under penalty of perjury that the above is true and correct. **Digitally signed by Brandi Plummer on 12-04-2019 11:17 AM EST**	I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (*month, day, year*)

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null	and EEOC
State or local Agency, if any	

I. I WAS HIRED BY THE ABOVE NAMED EMPLOYER IN DECEMBER 2014, AND CURRENTLY HOLD THE POSITION OF CLERK II. ON OCTOBER 15, 2019, MY SUPERVISOR, PRINCIPAL THOMAS HATCH, BECAME AWARE OF MY DISABILITY. ON OCTOBER 31, 2019, I APPLIED FOR A CLERK III POSITION. ON NOVEMBER 4, 2019, I INTERVIEWED WITH PRINCIPAL CARLA CRENSHAW AND TWO ASSISTANT PRINCIPALS. ABOUT TWO HOURS AFTER MY INTERVIEW, MS. CRENSHAW CALLED ME AND OFFERED ME THE POSITION, CONTINGENT UPON HER SPEAKING WITH MR. HATCH. ON NOVEMBER 8, 2019, MS. CRENSHAW SENT ME AN EMAIL, STATING THAT REFERENCES WERE CHECKED AND THAT I DID NOT GET THE POSITION. I FILED A FORMAL COMPLAINT, BUT I DO NOT BELIEVE SHARON PRESIDENT DID A THOROUGH INVESTIGATION. I BELIEVE THAT MR. HATCH DISCLOSED MY DISABILITY TO MS. CRENSHAW, WHICH CAUSED MS. CRENSHAW TO RESCIND HER VERBAL OFFER TO ME FOR THE POSITION OF CLERK III.

II. I BELIEVE THAT I HAVE BEEN DISCRIMINATED AGAINST BECAUSE OF MY DISABILITY, IN VIOLATION OF TITLE I OF THE AMERICANS WITH DISABILITIES ACT OF 1990, AS AMENDED.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.	NOTARY – *When necessary for State and Local Agency Requirements*
I declare under penalty of perjury that the above is true and correct.	I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT
Digitally signed by Brandi Plummer on 12-04-2019 11:17 AM EST	SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (*month, day, year*)